

11-29-07

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PTO/SB/21 (10-07)
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/735,578-Conf. #2559
	Filing Date	December 11, 2003
	First Named Inventor	Adam James SMITH
	Art Unit	2109
	Examiner Name	A. O. Musa
Total Number of Pages in This Submission	Attorney Docket Number	FBU-001

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	David R. Burns		
Date	November 27, 2007	Reg. No.	46,590



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2008		Application Number	10/735,578-Conf. #2559
		Filing Date	December 11, 2003
		First Named Inventor	Adam James SMITH
		Examiner Name	A. O. Musa
		Art Unit	2109
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	FBU-001
TOTAL AMOUNT OF PAYMENT	(\$) 620.00		

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 12-0080
Deposit Account Name: Lahive & Cockfield, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES		SEARCH FEES		EXAMINATION FEES				
	Small Entity		Small Entity		Small Entity				
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	310	155	510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0			
2. EXCESS CLAIM FEES									
							Small Entity		
							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							210	105	
Multiple dependent claims							370	185	
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims				
27		- 24 = 3	x 25.00 =	75.00	Fee (\$)		Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)					
6		- 3 = 3	x 105.00 =	315.00					
HP = highest number of independent claims paid for, if greater than 3.									

3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)					
- 100 =	/50 =	(round up to a whole number) x	=						
4. OTHER FEE(S)									
Non-English Specification, \$130 fee (no small entity discount)								Fees Paid (\$)	
Other (e.g., late filing surcharge): 2252 Extension for response within second month								230.00	

SUBMITTED BY			
Signature	<i>David R. Burns</i>	Registration No. (Attorney/Agent)	46,590
Name (Print/Type)	David R. Burns	Telephone	(617) 994-0890
		Date	November 27, 2007